

TRIP RELEASE

Name of Camper: _____ Age: _____

Please check the weeks for which you are registered: ☐ WEEK 1 ☐ WEEK 2 ☐ Both

Camp Gan Israel/Chabad JCC of Folsom has permission to transport my son/daughter, (name above) during the summer of 2014 by means of transportation provided. My child is allowed to participate in all off-campus activities, trips, late-nights and over nights (where applicable).

Trip schedules are available for all Parents/Guardians at the beginning of the summer camp session.

PARENT / GUARDIAN SHOULD INDICATE WHICH ACTION SHOULD BE TAKEN IN THE EVENT OF AN EMERGENCY:

☐ In the event of an emergency when a parent/guardian is unavailable, I hereby authorize a representative of Camp Gan Israel/Chabad JCC of Folsom to make such arrangements as considered necessary for my child to receive medical or hospital care, including but not limited to, transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment as considered necessary. In the event that the said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physicians Name: _____ Physicians Phone Number: _____

Name/Type of Medical Insurance: _____ Group/Medical Insurance #: _____

OR

☐ Instead of the above, the following action to be taken in the event of an emergency. Please write clearly:

The undersigned agrees to bear all costs as a result of the foregoing.

The undersigned agrees to all the information mentioned above.

Parent/Guardian Signature

Print Name

Date

Home Phone Number

Work Phone Number

Cell Number

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, IF PARENT OR GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

EMERGENCY CONTACT #1

Name: _____ Relationship: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT #2

Name: _____ Relationship: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

BELOW LIST ALL PERSONS AUTHORIZED TO PICK-UP CAMPER FROM CAMPUS:

NAME:	RELATIONSHIP:	PHONE:	CELL PHONE:
NAME:	RELATIONSHIP:	PHONE:	CELL PHONE:
NAME:	RELATIONSHIP:	PHONE:	CELL PHONE:

MEDICAL CONSENT FORM

Name of Camper: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Mother's Work Phone: _____ Mother's Cell: _____

Father's Name: _____ Father's Work Phone: _____ Father's Cell: _____

Parents Address (If different than child):

☐ Mother's ☐ Father's

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INFORMATION

1. Does your child have any severe medical problems that we should know about (for example: asthma, hearing trouble, diabetes, ADD/ADHD, physical disabilities etc.)? ☐ Yes ☐ No If yes please specify: _____

2. Should there be any limits on your child's physical activity? ☐ Yes ☐ No If so please specify: _____

3. Has your child had any serious illness in the past three years? ☐ Yes ☐ No If so please specify: _____

4. At the present time is your child under doctor's care? ☐ Yes ☐ No If so please specify: _____

5. Is your child taking any medications at this time? ☐ Yes ☐ No If so please specify: _____

6. Does your child have any food, medication, insect bite or sting allergies we should be aware of? ☐ Yes ☐ No If yes please explain: _____

7. Can your child swim? ☐ Yes ☐ No

8. Are your child's immunization records up to date with the state requirements? ☐ Yes ☐ No

9. Is your child covered by Medical Insurance? ☐ Yes ☐ No

Type of Medical Insurance: _____ Medical Insurance # _____

Billing Info. Name: _____ Last Name: _____ Address: _____

10. When was the last time your child had a physical examination?

Date: _____ Doctor: _____ Phone: _____ Date of last tetanus shot: _____

Address: _____ City: _____ Zip: _____

11. Can we contact your doctor for medical reports? ☐ Yes ☐ No

12. Please list any other information of importance: _____

Parent's Agreement and Medical Authorization. Please read carefully and sign below.

Dear Parent/Guardian,

Your son/daughter is below legal age of consent (21 years old). The law requires that we have your permission to seek medical service should it be needed. Your signature on the consent form will authorize us to proceed with the care of lesser types of medical problems, which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed above, your child will be taken to the nearest Emergency Room facility and will be treated there.

1. **Rules and Regulations:** The camper and Parent(s) agree to abide by all of the rules and regulations established by Camp Gan Israel (CGI) including those relating to enrollment and withdrawal of Campers

2. **Belongings:** Camp is not responsible for Camper's belongings or equipment while in transit or at Camp; for all found articles there will be a lost and found box.

3. **Images, Etc:** Parent authorizes the use of still, video, photos and audio recordings of camper(s) for CGI publicity purposes.

4. **Dismissal of Camper:** The Camp Director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should this occur, the deposit or unused camp fees will NOT be refunded.

I certify that the information on the application is both true and accurate, and that I have not left out any health or medical information that would help Camp Gan Israel understand or work with my child.

Signature of Parent or Guardian: _____ Date: _____